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APPLICANTS

John Hoover Rouse, Angleton, TX;
 Ronald Hayden Farquharson, Brazoria, TX;
 Charles Glenn Betts, Lake Jackson, TX;

** CONTINUING DATA *****
*None AS*** FOREIGN APPLICATIONS *****
None AS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/16/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	DRAWING 3	CLAIMS 21	CLAIMS 2
Verified and Acknowledged	<i>AS</i> Examiner's Signature Initials				

ADDRESS

Kenneth A. Roddy
 Suite 100
 2916 West T.C. Jester Boulevard
 Houston , TX
 77018

TITLE

Multi-function body-powered prosthetic wrist unit and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 394		